

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 881 CS

Physician Licensure Requirements

SPONSOR(S): Flores

TIED BILLS:

IDEN./SIM. BILLS:

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) <u>Health Care Regulation Committee</u>	<u>9 Y, 1 N, w/CS</u>	<u>Hamrick</u>	<u>Mitchell</u>
2) <u>Colleges & Universities Committee</u>	<u></u>	<u>Davis</u>	<u>Tilton</u>
3) <u>Health Care Appropriations Committee</u>	<u></u>	<u></u>	<u></u>
4) <u>Health & Families Council</u>	<u></u>	<u></u>	<u></u>
5) <u></u>	<u></u>	<u></u>	<u></u>

SUMMARY ANALYSIS

Section 458.3124, F.S., relating to restricted licensure and certain experienced foreign trained physicians, provides a mechanism for foreign trained physicians who meet certain requirements to sit for Step III of the United States Medical Licensing Examination (USMLE). The bill amends two of the eligibility requirements:

- The requirement a foreign trained physician has passed Steps I and II of the USMLE must include the clinical knowledge and clinical skills component of the Step II exam.
- The July 1, 1996 residency requirement is replaced with the requirement a foreign trained physician be a Florida resident for at least 5 years.

Section 458.3124, F.S., specifies the process for foreign trained physicians to apply for licensure under that section, but limits it to persons who apply on or before December 31, 2000. The bill removes the December 31, 2000 application deadline. The bill also requires that the eligibility requirements to sit for Step III of the USMLE serve as eligibility requirements to receive a restricted license.

The bill removes provisions relating to an obsolete application and examination fee which had to be submitted to the Department of Health (DOH) when applying for licensure. According to the DOH, this examination fee relates to a state-developed examination that foreign trained physicians previously had to take in order to receive licensure. Current law prohibits the DOH and the 28 boards under the department's Division of Medical Quality Assurance from administering a state-developed written examination if a national examination is available; therefore, the exam is no longer administered and the fee is no longer applicable.

The bill also removes a cap on the number of times that a person applying for licensure was permitted to take the examination—a maximum of 5 times within 5 years.

The bill creates a new section of law that defines “international medical graduate” and provides legislative intent and a summary of current licensure options available for international medical graduates.

The bill does not appear to have a fiscal impact on state or local governments.

The bill takes effect on July 1, 2006.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Safeguard individual liberty-The bill allows international medical graduates to work in the profession for which they were trained if certain requirements are met.

B. EFFECT OF PROPOSED CHANGES:

Background

Section 458.3124, F.S., relating to restricted licensure and certain experienced foreign trained physicians, provides a mechanism for foreign trained physicians who meet certain criteria to apply to take Step III of the United States Medical Licensing Examination (USMLE). The physician must:

- have graduated from a medical school that is listed in the World Directory of Medical Schools and is located in a country other than the United States, Canada, or Puerto Rico;
- have passed Part I and Part II of the USMLE;
- have received certification from the Educational Commission for Foreign Medical Graduates (ECFMG);
- have legally practiced medicine for at least 5 years in the country where the medical school is located;
- not have been the subject of discipline, investigation, or prosecution; and
- have been a resident of this state since July 1, 1996.

Section 458.3124, F.S., also specifies the process for foreign trained physicians to apply for licensure, but limits it to those who apply on or before December 31, 2000.

This section of law provides that a foreign trained physician with a restricted license must practice for the first year under the direct supervision of a licensed medical doctor, approved by the Board of Medicine. For the second year, the foreign trained physician is required to practice under indirect supervision in a community service setting that serves the indigent population. According to rules promulgated by the Department of Health (DOH), direct supervision requires that the supervising physician be on the premises and be immediately available when needed by the physician holding a restricted license.¹ The restricted licensee must practice at least 30 hours per week under direct supervision for one year. Indirect supervision does not require the physical presence of the supervising physician, but requires the supervising physician to be reasonably available to provide consultation or direction in a timely fashion in order to provide appropriate care to the patient.² The restricted licensee must practice under indirect supervision for one year in a location that serves the indigent population, such as non-profit organizations, public health units, prisons, or other community service organizations approved by the Board of Medicine.

If the foreign trained physician successfully completes the two-year period of direct and indirect supervised training and successfully passes Step III of the USMLE examination, he/she is eligible for full licensure.

Educational Commission for Foreign Medical Graduates (ECFMG) Program Certification

¹ See 64B8-4.027, F.A.C.

² Ibid.

To receive a license to practice medicine in Florida, foreign trained physicians must receive a certificate from the ECFMG Program. The ECFMG, through its program of certification, assesses whether international medical graduates are ready to enter residency or fellowship programs in the United States that are accredited by the Accreditation Council for Graduate Medical Education (ACGME).³

ECFMG and its organizational members define an international medical graduate as a physician who received his/her basic medical degree or qualification from a medical school located outside the United States and Canada. ECFMG Certification assures directors of ACGME-accredited residency and fellowship programs, and the people of the United States, that international medical graduates have met minimum standards of eligibility required to enter such programs. International medical graduates (IMG), who were formally referred to as foreign trained medical graduates, must have had at least four credit years (or academic years for which credit has been given toward completion of the medical curriculum) in attendance at a medical school listed in the International Medical Education Directory (IMED).

In general, an international medical graduate is defined as a physician whose basic medical degree or qualification was conferred by a medical school located outside the United States, Canada, and Puerto Rico.

To be eligible for certification by ECFMG, international medical graduates must meet an examination and medical education credential requirement. To meet the examination requirement applicants must pass Step I and both parts of Step II of the United States Medical Licensing Examination (USMLE). Step II of the exam has two separately administered components: the Clinical Knowledge (CK) component and the Clinical Skills (CS) component.⁴ Part III of the USMLE may be taken at any time after successfully completing parts I and II. Currently, an individual may not receive full licensure until he/she has passed all parts of the USMLE, received ECFMG certification and completed an accredited residency program. The medical education credential requirement requires an applicant to provide his/her medical education credentials, which includes his/her final medical diploma and final medical school transcript. ECFMG certification is one of the eligibility requirements to take Step III of the USMLE examination.

Effect of Proposed Changes

Section 458.3124, F.S., relating to restricted licensure and certain experienced foreign trained physicians, provides a mechanism for foreign trained physicians who meet certain requirements to sit for Step III of the USMLE. The bill amends two of the eligibility requirements:

- The requirement a foreign trained physician has passed Steps I and II of the USMLE must include the clinical knowledge and clinical skills component of the Step II exam.
- The July 1, 1996 residency requirement is replaced with the requirement a foreign trained physician be a Florida resident for at least 5 years.

Section 458.3124, F.S., specifies the process for foreign trained physicians to apply for licensure, but limits it to those who apply on or before December 31, 2000. The bill removes the December 31, 2000 application deadline. The bill also requires that the eligibility requirements to sit for Step III of the USMLE serve as eligibility requirements to receive a restricted license.

The bill removes provisions relating to an obsolete application and examination fee which had to be submitted to the DOH when applying for licensure. According to the DOH, this examination fee relates to a state-developed examination that foreign trained physicians previously had to take in order to receive licensure. Current law prohibits the DOH and the 28 boards under the department's Division of Medical Quality Assurance from administering a state-developed written examination if a national

³ ECFMG Information Booklet. *Frequently Asked Questions*. <http://www.ecfm.org/2006ib/ibfaq.html> (February 12, 2006)

⁴ Ibid.

examination is available; therefore, the exam is no longer administered and the fee is no longer applicable.

The bill also removes a provision that a person applying for licensure may take the examination a maximum of 5 times within 5 years.

The bill creates a new section of law that defines “international medical graduate” and provides legislative intent and a summary of current licensure options available for international medical graduates. The bill states that, pursuant to s. 456.021(1), F.S., it is the intent to use foreign-speaking state residents that are duly qualified to become actively qualified in their profession so that all people of this state may receive better services. The current options available for an international medical graduate to become licensed to practice medicine in the state are:

- Full license, pursuant to s. 458.311, F.S.;
- Restricted licensure, pursuant to s. 458.3124, F.S.;
- House physician, pursuant to s. 458.345, F.S.; and
- Visiting physician, pursuant to ss. 458.3135, 458.3137, and 458.3145, F.S.

The bill takes effect July 1, 2006.

C. SECTION DIRECTORY:

Section 1. Amends s. 458.3124, F.S., to revise criteria to provide foreign-trained physicians the ability to receive a restricted license and apply to sit for part III of the United States Medical Licensing Examination.

Section 2. Creates s. 458.3126, F.S., to define “international medical graduate”; provide legislative intent; provide a summary of current licensure options available for international medical graduates and provide statutory cross-references.

Section 3. Provides that the bill will take effect on July 1, 2006.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

The bill does not appear to have a fiscal impact on state revenues.

2. Expenditures:

The bill does not appear to have a fiscal impact on state expenditures.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

The bill does not appear to have a fiscal impact on local government revenues.

2. Expenditures:

The bill does not appear to have a fiscal impact on local government expenditures.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Under the requirements of a restricted license, a practitioner must work in a community setting that serves the indigent population for one year.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

The bill does not require counties or municipalities to spend funds or take an action requiring the expenditure of funds. The bill does not reduce the percentage of state tax shared with counties or municipalities. The bill does not reduce the authority that municipalities have to raise revenue.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

No additional rule-making authority is needed to implement the provisions of this bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES

On March 15, 2006, the Health Care Regulation Committee adopted a strike-all amendment offered by the bill's sponsor. The Committee Substitute differs from the original bill in the following ways:

- Removes the "community-based internships" provision that provided individuals the option, with approval by the Board of Medicine, to complete a 2-year community-based internship at a hospital licensed in the state, in lieu of a residency program. If a doctor successfully completed the community-based internship, he/she meets the residency education requirement.
- Removes the December 31, 2000 deadline from current law relating to the restricted licensure of international medical graduates.
- Creates a new section in statute that defines "international medical graduate" and provides legislative intent and a summary of current licensure options available for international medical graduates.

The bill, as amended, was reported favorably as a committee substitute. This analysis is drafted to the committee substitute.